definite serious illness. His appetite has always been good. On the 10th of February last (nearly nine months and a half since) he was "pinned" at the hips between an engine and the door of a shed. The compressing force seems to have caught him laterally at the *ala* of the ilia; and his perineum apparently escaped being struck. Directly after the accident he had no particular pain; but soon felt blood trickling from his urethra. He immediately walked to the fireman's office, a distance of about a hundred yards, without experiencing pain; he sat down, and, upon attempting to rise, found his hips numbed, so that he could not move his legs to walk. There was no pain on his attempting to walk, but an inability to move his legs. He thinks there was no loss of sensation anywhere.

The patient was admitted into the hospital at eight A.M. on the 10th of February last, about three quarters of an hour after the accident. The dresser and house-surgeon failed to pass a catheter; but at half-past one P.M. Mr. Birkett introduced a No. 7 flexible bougie, which was retained in the bladder for one week. During this period the urine contained no blood. A large abscess formed in the perineum, which, on the removal of the catheter (seventh day), emptied itself through the urethra. About a week afterwards (fourteenth day) the urethra became again blocked. Mr. Birkett passed a flexible catheter, which was retained for ten days (i. e., until the twenty-fourth day). All this time purulent fluid from the abscess escaped by the urethra alongside of the instrument. The discharge by the urethra continued for seven days more, and then (thirty-first day) ceased. The abscess was supposed to be healed, and the stream of urine continued as full as ever. He remained in bed for eight weeks. When he had been up and about for two days the stream of urine again became smaller, and he had entire retention on the third day. No swelling in the perineum could be detected. Mr. Bryant failed to pass a catheter. Two grains of opium were given, and one grain repeated in four hours, when the urine began slowly to dribble away.

He frequently had complete retention during the next ten weeks, relief being obtained by opium and hot baths. All this time the stream of urine continued small, and no catheter was introduced, although Mr. Birkett frequently endeavoured to pass one. Each attempt was followed by nausea, which continued for two or three days, but no rigors ensued. At the end of this time (nineteenth week) he left the hospital, as, in consequence of being so much weakened by the results of the injury, Mr. Birkett thought he could not safely perform any operation upon him.

Admitted a second time on Sept. 26th, the stream of urine being very fine, and causing much straining at micturition. His general health had, however, much improved. After ineffectual attempts had been made to introduce small instruments with the intention of dilating the contracted urethra, on October 10th chloroform was administered to the patient. Mr. Birkett passed a Syme's staff along the anterior division of the urethra to the contraction, divided the soft parts of the perineum in the middle line, and opened the posterior division of the canal from the wound. He next divided the contraction, and passed a No. 8 flexible catheter through the penis into the bladder, and tied it therein. The contracted tissues were very rigid, and seemed to involve the membranous portion of the canal. It was removed the next day. A No. 8 silver catheter was passed on the fourth day after the operation, and at intervals of every third or fourth day since. The perineal wound was quite healed at the end of about four weeks.

Nov. 19th.—The urine now comes away in a good stream. He is daily regaining strength, and at this period, six weeks since the operation, there does not appear to be any disposition to contraction. He has been taught to introduce a flexible catheter (size No. 8), and told to pass it every other day for a few weeks.

COMPLETE TRANSVERSE DIVISION OF THE URETHRA BY A
KICK OF A HORSE ON THE PERINEUM; PERINEAL
SECTION; RECOVERY.

(Under the care of Mr. BIRKETT.)

G. C—, aged fourteen, a fine healthy youth, was admitted at midday on June 28th, 1866. About twenty-four hours previously a horse kicked him in the perineum. He did not feel much pain at the time, and walked home, a distance of a quarter of a mile, immediately afterwards. He then went to bed. A medical man visited him in the evening, and endeavoured to pass a catheter, but without success. Warm fomentations were then applied to the abdomen, and some blood flowed from the urethra. In the night he felt pain in

the loins. Next morning, having passed no urine since the accident, he was brought to the hospital.

On admission, the perineum was slightly swollen and ecchymosed; the bladder, much distended, reached far above the pubes. Unsuccessful attempts were made by Mr. Birkett to pass a catheter into the bladder, the point of the instrument being arrested in its course just beneath the pubic arch. Considerable hæmorrhage from the urethra accompanying these gentle attempts to pass a catheter led Mr. Birkett to the conclusion that the canal was torn; more particularly, too, as the instrument seemed disposed to take an erratic course, and its point could be felt too distinctly in the perineum. He decided therefore to open the perineum. Chloroform was given; and after another unsuccessful attempt to introduce a flexible catheter, a grooved staff was passed down to the perineum, and an incision made along the *raphé* from the posterior edge of the scrotum to the anus for about an inch and a half. Some coagulated blood was turned out from the depths of the wound, when the urethra and its surrounding textures were found completely divided transversely. By compressing the bladder over the pubes, urine was made to issue from the posterior division of the ruptured canal, which was hanging into the wound, in consequence of its being detached from the corpora cavernosa, for about a quarter of an inch. The line of rupture in the urethra was not perfectly transverse, but ran obliquely across from below anteriorly to above at the back part; and, in consequence of the contractility of the tissues, the two ends of the divided canal were fully half an inch apart. Mr. Birkett passed a flexible catheter along the anterior division of the urethra, out at the perineal wound, and thence through the posterior division into the bladder; he then brought together the two ends of the ruptured urethra upon the catheter, and tied them with one silk suture introduced in the middle line of the under surface. The urethra was not touched by the knife during the operation. The flexible catheter was fixed in the bladder.

June 30th (second day).—All the urine passed through the catheter; none by the perineal wound. The skin around the wound was healthy, and the sides of the wound were bathed with pus. He slept and ate well, and had no pain.

July 6th (eighth day).—Catheter removed from urethra; it was slightly coated at the end with phosphates.

7th (ninth day).—Since the removal of the instrument he had made water four times; it mostly passed in the proper direction, but a little escaped at the perineal wound (less latterly than at first). The urine first passed was turbid and contained albumen.

9th (eleventh day).—Urine escaped freely through perineum; its passage unaccompanied with smarting. The urine was not albuminous.

12th (fourteenth day).—Made water easily; very little passing through perineum.

26th (twenty-eighth day).—The quantity of urine coming by the perineum had gradually decreased until, during the three preceding days, there had not been any escape in that direction. The wound was healed. He had never had a bad symptom; and he left the hospital to-day, having been under treatment twenty-eight days. The suture was never seen, although it was probably cast off in the discharge.

November 8th.—He called on Mr. Birkett to-day. He passed a full stream of urine without the slightest difficulty; and there seemed to be no symptom of contraction of the urethra, although three months had elapsed since the perineal wound healed.

WESTMINSTER HOSPITAL.

PLEURISY; EMPYEMA; PARACENTESIS THORACIS;
RECOVERY.

(Under the care of Dr. BASHAM.)

A GOOD illustration of the valuable aid afforded by the thermometer in diagnosis occurred in the following case, for notes of which we are indebted to Dr. D. M. Macdure, the registrar to the hospital. The patient was seen so soon after the commencement of the attack that at the first examination it was by no means clear whether the pain in the side was caused by pleurisy or pleurodynia. The ear failed to distinguish the ordinary physical signs of the former disease. The high temperature, however, as shown by the thermometer, rendered it almost certain that the case would turn out to be one of pleurisy; and an opinion was given to that effect, which

was fully confirmed at the next visit. An opposite case occurred in the hospital a short time previously. A man was admitted at eleven A.M., having been seized the same morning with acute pain in the left side, with much dyspnoea and distress. Observation alone could detect no difference in the symptoms of the two cases. The man's temperature, however, remained at 98°, and the case was therefore believed not to be pleurisy. Next day the pain was gone, and the man left the hospital in a few days without any relapse.

Julia B—, a healthy-looking woman, aged twenty-two, married, was admitted on July 31st, having been attacked on the same morning by sharp stabbing pain in the left side, shooting backwards to the shoulder, with dry cough. The physical signs were obscure, there being no marked dullness on percussion, and no distinct friction sound. The pulse was 100, and sharp; the temperature in the axilla 102°, and the respirations 36. She was put to bed, and sinapisms applied to the left side; a pill containing two grains of calomel and half a grain of opium was ordered to be taken every six hours, and one ounce of mixture of acetate of ammonia, with half a drachm of nitrous ether, every four hours; beef-tea.

Aug. 1st.—The stitch in the side continued, with much cough and frothy expectoration. The signs of effusion into the pleura were well marked, the lower half of the left side of the thorax being absolutely dull, with ægophony and absence of the respiratory murmur and vocal thrill. The pulse was 120, respirations 36, temperature 102.2°. Her bowels were open, her urine scanty and high coloured, and she had passed a restless night. Turpentine stupes were ordered, and the medicines continued.

3rd.—Being much the same, a blister was ordered to the side, an effervescent draught every four hours, and a draught containing ten grains of Dover's powder with five grains of nitrate of potass at night. The calomel and opium were omitted.

6th.—The pain was much diminished, but the dyspnoea continued. The left side was absolutely dull, with ægophony and absence of respiratory sounds, except about the spine of the scapula, where some tubular breathing was heard. Pulse 100, temperature 101°. The cough was still troublesome, with frothy watery expectoration.

9th.—She had less pain and fever; but the signs of effusion continued, and the heart was found to be beating on the right side.

On the 10th paracentesis thoracis was performed by Mr. Power, assistant-surgeon to the hospital, and more than a quart of brown, highly offensive, sero-purulent fluid drawn off, with much relief to the dyspnoea. Ordered a sedative at night.

She had slept tolerably well on the 11th, and about half a pint of offensive sero-purulent fluid had oozed from the wound. Her pulse was 120, and the respirations 42. Distant bronchial breathing was audible nearly as low as the base of the lung; no crepitation. The tongue was moist and cleaner; the apex of the heart was still felt beating to the right of the sternum. To continue the opiate draught; and to have strong beef-tea and four ounces of wine.

On the 14th she was not so well. The discharge continued copious and highly offensive; the countenance was anxious; the skin cold, with clammy perspiration; pulse 120, small and compressible; the tongue furred at the sides, and red in the centre. No sounds at all in the affected side, except at the supra-spinous space, where there were some coarse murmurs. Around the opening in the thorax a large surface of skin, having a boggy feel, showed that the pus had begun to burrow beneath the cuticle. A grooved probe was introduced, and a free opening made, letting out a good deal of pus. Ordered eight ounces of port wine, double beef-tea, egg and brandy.

15th.—Rather better. Pulse 100; respirations 30; discharge copious; less moisture on the skin; tongue furred and dry; bowels open. The heart was now felt nearly in its natural situation.

16th.—A slough separated from the wound, leaving an opening an inch long and half an inch wide. The discharge continued copious, but not so offensive. She said she felt better. Pulse 96; skin warm.

22nd.—Her aspect was improved; the tongue moist and cleaner. Temperature 99.4°; respirations 34. The discharge diminishing, but still purulent and offensive.

She continued much the same, taking a considerable amount of stimulants, with beef-tea, and without much change in the symptoms until the 3rd of September, when the discharge from the wound diminished in quantity, and she coughed up

a considerable amount of stinking pus, evidently from the same source as the discharge externally. For some days she had much constitutional disturbance, and her state gave rise to the apprehension that a portion of the lung had become gangrenous. Her breath was very offensive, and she was very low and weak.

Sept. 10th.—The unfavourable symptoms had disappeared, but the greater part of the discharge appeared to make its way through the lung, and was coughed up. The wound was beginning to close, and the discharge from it was much less. Her aspect was improved; the tongue clean and moist; the pulse 96, moderately strong; and the breathing easy.

21st.—The expectoration and discharge from the wound had both diminished; and on the 26th the purulent expectoration ceased, and the wound was healing with but slight discharge. The temperature was 97.6°; the skin cool, and the breathing easy.

Oct. 30th.—The report says: The wound has closed up. She looks better, and has gained flesh. Some cough with frothy mucous expectoration. The left side is dull. Bronchial breathing with bronchophony heard all the way down. Some large crepitation at the base of the lung. No ægophony or amphoric resonance; skin cool; pulse 100. Ordered one ounce of quinine mixture with iron three times a day.

18th.—She was seized with labour pains, and was delivered of a dead child in the seventh month of her pregnancy. She recovered as well as could be expected from her confinement, and left the hospital on Dec. 1st.

A point of interest in Julia B—'s case is that, although the operation afforded a free exit to the pus as it collected, the opening being always patent, and there being a constant draining away of the pus by it, yet this fact does not seem to have prevented a communication being established between the pleura and a bronchial tube, and the consequent partial evacuation of the contents of the pleuritic abscess through the lung. In many cases the chest has been tapped after this communication has taken place, and after the patient has been coughing up stinking pus, with the object of affording a more convenient outlet for the pus, and so of enabling the damaged lung to heal. Here, however, although great and alarming constitutional disturbance was set up at the time when the ulceration may be supposed to have taken place on the surface of the lung, and communication completed with the abscess, this subsided in a few days, and the history of the case shows that the abscess contracted, and the discharge diminished more rapidly after the pus had found its way through the new channel than before. The great relief to the dyspnoea, and the removal of the pressure upon the contents of the thorax, as shown by the gradual return of the heart to its natural situation, indicate forcibly the value of the operation.

GREAT NORTHERN HOSPITAL.

A CASE OF VAGINISMUS; TREATMENT BY NITRATE OF SILVER AND IODINE; RECOVERY.

(Under the care of Dr. G. C. P. MURRAY.)

SOME four years ago Dr. Marion Sims drew attention to an excessive super-sensitiveness of the vagina in married women which he had observed in two or three instances. Accompanying this was an involuntary spasmodic closure of the mouth of the vagina, to which he proposed to apply the term "vaginismus."

We have lately seen a case of this kind at the Great Northern Hospital, in which Dr. Murray perfectly succeeded in removing the distressing condition. The patient was a woman of about thirty years of age, who had been married two years, but had never borne children. She described herself as suffering from excessive pain in and about the external genital organs. So sensitive were the parts that even the friction of her clothes was unbearable. The condition was constant, and had existed for several weeks before she applied for relief. Her appearance indicated anxiety and distress. Menstruation was regular, and she fancied that her symptoms were somewhat alleviated at the monthly periods. Since the commencement of her illness connexion had been absolutely impossible. Dr. Murray, on attempting to make a digital examination, was foiled owing to the excessive pain and spasm which were immediately produced. He could not succeed in introducing even the tip of the finger; the slightest pressure produced exquisite agony.

A tonic treatment with opiates was pursued, and a lead lotion ordered to be kept constantly applied to the vulva. No